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www.edsedi.com

**MISSISSIPPI MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKMS1
ELECTRONIC REGISTRATIONS Agreements Required	<ul style="list-style-type: none">• Please follow directions below to complete enrollment.
SEND ENROLLMENT FORMS TO:	Fax or email completion letter to: E-mail: Enrollment@edsedi.com or Fax: 651-389-9152
ENROLLMENT CONFIRMATION	EDS will process claims through electronically once confirmation letter has been received.
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives claims through another Billing Agent other than Electronic Dental Services each Provider must re-enroll following the procedures listed above.
CONTACT PHONE NUMBERS	Medicaid In-State Providers 800-688-7989 Medicaid Out-of-State Providers 334-215-0111 Electronic Dental Services 800-482-3518

Medicaid has moved the enrollment to a web-based enrollment and they no longer accept paper forms.

Please visit [Mississippi Medicaid Trading Partner Application - Formstack](#)

In section 5 please choose the option below

Section 5 - Submission Method

Choose Applicable Method*

I Plan to Use a Billing Agent/Clearinghouse ▼

In section 8 please fill in the information below:

Section 8 - Billing Agent/Clearinghouse Information (Section will only show if applicable based on submission selection)

If you have indicated that you plan to allow a Billing Agent/Clearinghouse to submit and/or retrieve transactions electronically with Conduent EDI Solutions on your behalf, please provide the following information regarding your agent. Your Billing Agent/Clearinghouse is required to enroll and receive their own unique trading partner ID to test and transmit with Conduent EDI Solutions. Please indicate your agent's Conduent EDI Solutions trading partner ID. Please contact your agent for the required information.

Billing Agent/Clearinghouse Company Name*

CLAIMS PROCESSING SERVICE INC DBA EMDEON DENTAL

Billing Agent/Clearinghouse Contact Name*

Alyssa

Houatchanthara

First Name

Last Name

Billing Agent/Clearinghouse Contact Title*

Client Advocate

Billing Agent/Clearinghouse Contact Email Address*

arosa@changehealthcare.com

Billing Agent/Clearinghouse Conduent EDI Solutions Trading Partner ID*

80079

Section 9 please leave all of the options as are defaulted:

Section 9 - Delimiter Information

If you are submitting X12N transactions, please provide the following. (If nothing is entered the default delimiter will be used). (Note: Providers may need to contact their third- party vendor for this information.)

Element Delimiter to be Used: Default (asterisk) *

*

Segment Delimiter to be Used: Default (tilde) *

~

Sub-Element Delimiter to be Used: Default (colon) *

:

In section 13 please choose No

Section 13 - Electronic Response and Report Retrieval for Provider

Reports Available via Conduent EDI Gateway iDex (Internet Data Exchange)

<https://edionline.portal.conduent.com/>

Are you interested in retrieving your reports and/or responses electronically? (Select One) *

No ▾

In section 14 complete the below information:

Section 14 - Electronic Response and Report Retrieval for Billing Agent or Clearinghouse (Section will only show if applicable based on submission selection)

Do you authorize your Billing Agent/Clearinghouse to retrieve your response and/or reports electronically on your behalf?
(Select One) *

- ☒ Yes
☐ No

Billing Agent/Clearinghouse Company Name (required) *

CLAIMS PROCESSING SERVICE INC DBA EMDEON DENTAL

Billing Agent/Clearinghouse Conduent EDI Solutions Trading Partner ID (required) *

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Checkbox

- ☐ 271 - Eligibility Response
☐ 278 - Prior Authorization Response
☐ 820 - Premium Payment
☒ 999 - Functional Acknowledgement (X12N submissions only)
☐ 277 - Claims Status Response
☒ 824 - Error Report

Then click on submit form.

MS Medicaid will **mail you a letter** to the provider address on file when complete.

When you receive that confirmation, please forward to
Enrollment@edsedi.com and we can get everything setup on our end.